

Performance Measurement

Section B - Health and Human Services

Human and Community Services

Program	Goal	Outcome Measure(s)
Temporary Assistance for Needy Families (TANF)	<p>Provide services and support to stabilize families and meet their basic needs, while encouraging employment for eventual self-sufficiency.</p> <p>This goal was originally divided into three goals – 1a, 1b, and 1c. The final documents from OBPP include:</p> <p>Goal 1a: Provide services and support to stabilize families and meet their basic needs, while encouraging employment for eventual self-sufficiency. Provide cash assistance at 33 percent of the 2007 poverty level.</p> <p>Goal 1: (originally 1b – Provide work activities) Provide services and support to stabilize families and meet their basic needs, while encouraging employment for eventual self-sufficiency.</p> <p>The goal as submitted lists the measurements at the right in the categories of work activities, work participation rates, and individual achievements (for TANF clients in work programs) with the FY 2007 baseline data and measurements removed.</p> <p>Goal 1c, provide support for working relative caretakers, was eliminated completely.</p>	<p><u>Attempt to Provide cash assistance</u> at 33 percent of the 2007 federal poverty level (about \$472 for a family of three)</p> <p>—FY 2007 total caseload = 3,278</p> <p>—Expended benefits: \$14,914,122</p> <p><u>Work activities:</u></p> <p>1. — Maintain or increase WoRC contracts at the FY 2007 level of 11 contracts.</p> <p>Individual Achievements – a report will be attached when available</p> <p>—2. Provide employment and training (E&T) activities to all eligible low income individuals. (For comparison: FY 2007 = 2,419 per mo.) and report on the achievements of individuals, such as the number that completed computer training; received associates degree, etc.</p> <p>—3. Sanctions: a. Track the average monthly number of cases subject to first sanction (grant reduction) Base: 77 sanctions for FY 2007; and b) Track the average monthly number of cases closed due to non participation in E&T activities. Base: 185 in FY 2007.</p> <p><u>The Federal Deficit Reduction Act of 2005</u> Monitor Work Participation Rates (WPR) as well as the possibility and amount of any penalty related to WPR under the federal Deficit Reduction Act of 2005. —the Deficit Reduction Act of 2005 and any potential penalties</p> <p><u>Working Caretaker Relative Support (Goal 1c)</u> Provide TANF funded child care to about 56 working caretaker relatives to allow them to continue employment. (This is new so there is no base number.)</p>

Program		
Low Income Energy Assistance and Weatherization Programs	Provide energy and/or weatherization assistance to eligible households resulting in a decreased energy cost burden measured by dividing energy costs by household income.	<p>Provide energy assistance to a projected 20,006 households in FY 2008 and 21,006 in FY 2009.</p> <p>Provide weatherization services to a projected caseload of 1,961 homes in FY 2008 and 1,600 in FY 2009.</p> <p>Increase the number of Community Contracts from 58 in FY 2007 to 75 for each year of the 2009 biennium.</p> <p>Provide energy and/or weatherization assistance to eligible households resulting in a decreased energy cost burden measured by dividing energy costs by household income.</p>

Initiatives for the 2009 Biennium

Program	Initiative	Outcome Measure(s)
Child Care Unit of the Early Childhood Services Bureau	<p>Early Childhood Services Funding — While the legislature appropriated an additional \$4,169,650 general fund over the biennium, that brings the total annual ECSB funding to \$27,601,465. The goal is to make quality child care available and accessible to needy Montana families</p> <ol style="list-style-type: none"> Child care will be ensured by attempting to maintaining child care reimbursement rates for parents at the 75th percentile of the annual market rate for the 12 Child Care Resource & Referral Districts. Affordability of child care will be ensured by maintaining eligibility for the Best Beginnings Child care scholarship program at 150 percent of the current federal poverty level (FPL). To ensure that there is no child care waiting list we will support the case load increase for low income working parents. 	<p>1. Performance Criteria: a) All families pay a co-payment to their child care provider at an average of 3.5 % of their income (a minimum of \$10); b) An estimated 5,570 unduplicated families will be in the workforce each year because they receive child care; and c) An estimated 95 teen parents will be supported through scholarship assistance as they work to complete high school or achieve a GED</p> <p>Items in #1 are from the performance criteria submitted by the division with the request for funding, and were used by the subcommittee in deliberation of the appropriation.</p> <p>2. <u>The Market Rate is surveyed and adjusted annually at the 75th percentile level:</u> a) Market Surveys will be conducted annually and b) adjustments will be made to the reimbursement rate to the extent the budget will permit. States rates are distributed to eligibility offices.</p> <p>3. <u>Affordability:</u> The Federal Poverty Index is incorporated into the Child Care sliding fee scale annually: a) The sliding fee scale is monitored annually to ensure that the eligibility and accessibility to quality child care is maintained at the recommended federal level; b) Updated sliding fee scales are given to eligibility offices and are posted on the website www.childcare.mt.gov.</p> <p>4. <u>Caseloads are monitored</u> monthly by the number of families, number of children, facility types, and types of care based on funding sources to insure accessibility and</p>

		<p>affordability. These managerial reports are sent to multiple managers within the government and are posted on the website www.childcare.mt.gov. The direct link to the statistical postings is: http://www.dphhs.mt.gov/statisticalinformation/childcare/monthly/index.shtml</p>
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Child and Family Services Division

Program	Goal	Outcome Measure(s)
Foster Care and Subsidized Adoption	<u>Ensuring timely permanency for children.</u> The Child and Family Services Division will determine if concerted efforts were made, or are being made to achieve a finalized adoption in a timely manner. The determination of timeliness is based on the date of the child's most recent entry into foster care, not the date that the goal of adoption was established. The agency has 24 months to demonstrate concerted efforts to finalize an adoption.	Documentation of diligent efforts to achieve timeliness of adoption will improve 5% by the end of FY 2009 over the baseline of 52.9%.
Child Protective Services	<u>Ensuring that children are safe.</u> The Child and Family Services Division will improve the timeliness of initiating investigations. Child Protective Services Workers are required to initiate investigations on all CPS reports within 14 days of receiving the report. The Child Protective Services Worker must make face-to-face contact with alleged victim.	Timeliness of initiating investigations will improve 10% by the end of FY 2009 from the established baseline data of 54.2%.
Foster Care and Subsidized Adoption	<u>Ensuring the Well Being of children in foster care.</u> The Child and Family Services Division will improve social worker face-to-face contact with children in care. The frequency and quality of visits between caseworkers and children must be sufficient to ensure the safety, permanency, and well-being of the child and promote achievement of the case goals.	Social Worker face-to-face contact with children will improve 5% by the end of FY 2009 from the baseline of 40%.

Initiatives for the 2009 Biennium

Program	Initiative	Outcome Measure(s)
CFSD	<u>DP 30010</u> Additional Field Staff -- CFSD received 20 new FTEs from the 2007 Legislature. Fifteen FTEs were authorized for FY 2008 and an additional 5 FTEs were authorized for FY 2009. The overall goal of the new FTEs is to reduce caseloads for child protective services workers and to improve the overall quality and timeliness of services to children.	1.) Caseload per Social Worker will be reduced from 24 in FY 2007 numbers in to 16 for 2008 & 2009; 2) Increase success rates for: a) timeliness of investigation within 14 days of the report from a 54.2% to 64.2% ; b) number of cases that receive a monthly face-to-face visit from 40.0% to 45.0% ; and c) documentation of diligent efforts to achieve timeliness of adoption from 52.9% to 57.9%

Child Support Enforcement

Program	Goal	Outcome Measure(s)
CSED	<p>Goal 1: Meet the federal child support performance standards.</p> <p>Goal 2: Enhance customer service capabilities.</p>	<p>For Goal #1:</p> <ol style="list-style-type: none"> 1. Increase Child Support Collections from \$59.2 million 2. Maintain the IV-D Paternity Establishment Percentage at 90% 3. Maintain the Percentage of Cases with Support Orders at 80% 4. Increase the Percentage of cases with current child support collections to 63% 5. Increase the percentage of cases with arrears child support collections to 67% <p>For Goal #2:</p> <ol style="list-style-type: none"> 1. Offer an online method of paying child support electronically to parents and employers. The CSED will track the number of payments, as well as the dollar amount, received through this new online payment method. 2. Provide prompt, courteous and impartial responses to customer inquiries and concerns about CSED services. The CSED will track the number of customer inquiries received and responded to. 3. At the request of a tribal entity, provide training, support & guidance on creating a child support program.

Business and Financial Services Division

Program	Goal	Outcome Measure(s)
Fiscal Operations	Provide professional and timely products and or services in response to the needs of the customer for Fiscal Years 2008 and 2009, projecting a combination of 540,000 warrants and Electronic Fund Transfer (EFT) payments issued per year, with a goal of 5% growth for the biennium in electronic payments.	<p>Track proportionate increase in EFT's compared to total payments issued. (Report on the goal of 5% growth for the biennium in electronic payments.)</p> <p>The department is using a measurement basis that compares the proportionate Electronic Fund Transfer to the total of EFT and warrant payments issued by BFSB. The baseline proportion of electronic payments as of June 30, 2007 is 56.4%.</p> <p>.</p>
Fiscal Operations	Continually work to improve the business processes used within the division for institutional cost recovery, with a goal of recovering \$19 million per year for Fiscal Years 2008 and 2009.	<p>Amounts recovered per Fiscal Year by the Institutional Reimbursement Section. (Report on the goal of \$19.0 million.)</p> <p>The measurement basis is the total dollars collected by the Institutional Reimbursement Section of BFSB for services provided at the DPHHS institutions. Collections are dependent upon the patient's ability to pay, coverage by insurance, eligibility for federal programs, allowability of costs under federal programs, and whether the debt can be collected under state collection processes.</p>

Technical Services Division

Program	Goal	Outcome Measure(s)
TSD	<p>Replace obsolete department data systems – for this session: Begin TANF, Food Stamps, CAPS (Child and Adult Protective System), and the completion of CHIMES efficiently – The major computer systems used in the agency are nearing or have reached their anticipated life span. The major computer systems in the agency were developed before 1996 and are mainframe systems based on IDMS and COBOL programming languages. The systems are no longer meet the needs of the users and do not meet mandated federal and reporting requirements. Finding programmers with the skills needed to develop, enhance and maintain the systems has become difficult, as a result, in some cases system enhancement and general maintenance has been delayed.</p>	<p>Note: This process is also a component of the global IT project monitored by the Information Technology Division.</p> <p>The most recent status report by the Chief Information Officer will accompany the TSD report.</p> <p>Report For each system As of (date) of the 2009 biennium: 6. The _____ system is at _____ percent complete at a cost of \$_____. 7. Customer satisfaction relative to the level of the project completion and/or the success of the replacement is: a) good b) of concern</p> <p>Keep all development projects at a “green light” status with the State CIO’s office at least 70% of the time, Zero Development failures on major Dept systems (failures are defined as projects that significantly fail to meet sponsor needs due to cost, schedule or functionality problems)</p>

Disabilities Services Division

Program	Goal	Outcome Measure(s)
Developmental Disabilities Prog. (DDP)	Allow individuals with Developmental Disabilities (DD) to be full participants in the planning of their services	<p>This is a component of the overarching DDP goal to support choices and opportunities for people with developmental disabilities in their communities</p> <p>By the end of 2009 biennium: Implement Personal Supports Planning for DD clients in all 5 DDP regions</p> <p>By July 1, 2007, reduce case management to an average of 35 from 44.</p>
Vocational Rehabilitation Program	Help students with disabilities transition from school to work	<p>Increase recruitment of high school students with disabilities to complete the week-long Montana Youth Leadership Forum (MYLF) training each year of the biennium from 16 to 20.</p> <p>Track and report that for each student that completes the training, MYLF will provide one-year of resources and supports to assist students in reaching their vocational and leadership goals.</p>
Montana Developmental Center (MDC)	Continue to move individuals from MDC to community-based services	<p>Move all individuals from the total care unit (Unit 16 AB) to community-based services and close the unit before December of 2007, as per the Travis D. Lawsuit.</p> <p>Base: As of January 2007, 5 of the original 18 individuals remain on Unit 16 AB.</p>

Initiatives for the 2009 Biennium

Program	Initiative	Outcome Measure(s)
Developmental Disabilities Prog. (DDP)	DP 10010 – DD Wait List Reduction – The legislature approved \$3.2 million (\$500,000 general fund per year) over the biennium to support individuals currently on the DD community services waiting list. provide DDP community-based services to individuals currently on the DDP community services waiting list.	Serve individuals currently on the waiting list and report the number served and the amount of their cost plans as requested.
Vocational Rehabilitation Program	DP10026 – VR Transition Counselor - The legislature approved \$107,167 general fund over the biennium to support 1.00 FTE for a vocational rehabilitation counselor to improve outcomes for young adults with disabilities, emphasizing the transition from high school	<p>This is a new initiative so there is no base number.</p> <p>1. 70 Serve transition-aged consumers will be served over the 2009 biennium.</p> <p>2. 40 plans Write plans for employment will be written over the 2009 biennium.</p>

	to adult life.	3. 18 of these people will be placed in jobs perform job placement of these people over the 2009 biennium.
Developmental Disabilities Prog. (DDP)	<u>DP 10011 - Rate Rebasing</u> – The legislature appropriated \$18.0 million to support adjustments of the developmental disability program provider rates.	<p>By the end of 2009 biennium:</p> <ol style="list-style-type: none"> 1. Increase the implementation of a transparent rate system for reimbursement of DDP services from 3 to all 5 regions <p>Within the Rate Rebasing:</p> <ol style="list-style-type: none"> 2. By July 1, 2007 implement a minimum wage for DDP direct care employees of at least \$8.00 \$7.80 per hour and (with additional funds provided by DP 10601) increase the average base direct care wage component to a minimum of \$8.35 per hour. Measure the growth in wages from the minimum direct care wage for DDP providers in FY2007 of \$6.50 per hour. 3. The Department will make the College of Direct Supports training classes available to all full-time half time or more Direct Care employees, and the standardized rate compensation for 2 days of training per direct care employee will be implemented October of 2007 by all contractors

Director's Office

Program	Goal	Outcome Measure(s)
Director's Office	Tribes and Indian Health Service (IHS) access to Medicaid and 100% FMAP for services	CMS approval for reimbursement for personal care attendant services through I.H.S. to obtain 100% federal reimbursement CMS approval for Chippewa-Cree to determine tribal members Medicaid eligibility for certain services CMS approval for tribes to receive Medicaid Administrative Match for Medicaid related activities Amount of pass through 100% FMAP funding to IHS and other tribal medical services.

Initiatives for the 2009 Biennium

Program	Initiative	Outcome Measure(s)
Director's Office	MMIS re-procurement study and rewrite	Complete RFP review and contract for study to be completed for system redesign by 12/08

Public Health and Safety Division

Program	Goal	Outcome Measure(s)
Chronic Disease Prevention & Health Promotion Bureau	Reduce the burden of chronic disease, injury, and trauma in Montana	<p>By June 2009, decrease the proportion of high school students who report smoking cigarettes in the past 30 days from 20% (2007) to 18%.</p> <p>By June 2009, decrease the proportion of high school students who report spit tobacco use in the past 30 days from 13% (2007) to 11%.</p> <p>By June 2009, maintain the average annual monthly number of intake calls to the Montana tobacco quit line at 700 calls per month.</p> <p>By June 2008, assess the capacity of Montana clinicians to increase colorectal cancer screening in persons aged 50 years and older.</p> <p>By June 2009, increase the proportion of persons aged 50 years and older who have ever had colorectal cancer screening examination from 53% (2006) to 58%.</p> <p>By June 2008, identify the four program sites and implement the diabetes and heart disease prevention program. By June 2009, conduct program evaluation of these activities to assess the efficacy of this intervention.</p> <p>Increase regular physical activity and health diet to achieve weight loss among Montana adults at high risk for diabetes or in persons with multiple cardiometabolic risk factors</p>
Communicable Disease Control and Prevention	To reduce the incidence of communicable disease in Montana citizens through efforts in prevention, treatment, surveillance, and epidemiology.	<p>By 2009, achieve and maintain a 90% improve immunization coverage rate for children 19-36 months of age who are seen in health care settings in accordance with the recommended immunization schedule.</p> <p>By 2009, reduce the incidence of Chlamydia to 250 cases per 100,000 in Montana. This would be reducing it from The baseline for 2006 is 293 cases/100,000 people in Montana in 2006.</p>
Family and Community Health Bureau	Provide programs and services to improve the health of Montana's women, children, and families	<p>By June 30, 2009, reduce the rate of birth for teenagers aged 15 through 17 years to 9.3 per 1,000.</p> <p>By June 30, 2008, assure that Title X Clinic contractors offer at least two contraceptive</p>

		<p>administration options (oral, patch, ring) to clinic clients.</p> <p>By January 1, 2008, have administrative rule in place to require expanded testing, and have in place a contract for NBS follow up program.</p> <p>By June 30, 2009, assure that 95% of newborns receive timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their state-sponsored newborn screening program. Infants born in Montana will be screened for the nationally recommended panel of twenty eight endocrine and metabolic disorders and hearing disorders, and will have access to long term follow up services if abnormalities or disorders are confirmed.</p> <p>By December 31, 2007, By June 30, 2008 increase the number of tribal communities sites that provideing Public Health Home Visiting services by conducting a RFP for high risk pregnant women and their children .</p> <p>By June 30, 2009 examine the impact of home visiting on the incidence of low birth weight births in Montana.</p>
Office of Public Health Emergency Preparedness and Training	A strong and prepared public health system that provides the foundation to respond to emergencies with a well-trained workforce.	<p>By June 30, 2009, 75% many of Montana's local and tribal health jurisdictions, in collaboration with local hospitals/clinics, will have participated in <u>multi-jurisdictional</u> pandemic influenza exercises that are evaluated, and result in improved response plans. Exercising is a requirement when receiving local preparedness funding; however, the nature and scope of each exercise can be determined at the local level. DPHHS is actively encouraging multi-jurisdictional exercises related to pandemic influenza.</p> <p>By June 30, 2009, the Public Health & Safety Division will make public health training and continuing education opportunities available that are accessible to 85% of Montana's public health workforce on an on-going basis.</p>
Laboratory Services Bureau	Reduce communicable disease in Montana through a surveillance system based upon	By November 30, 2007, distribute grant monies to Board(s) of Health for tremolite

	<p>public health laboratory disease diagnosis and assessment</p> <p>Provide grants to county boards of health with a proliferation of tremolite asbestos-related diseases.</p>	<p>asbestos-related disease benefits programs.</p> <p>By June 30, 2009, summarize use of tremolite asbestos-related disease benefits grants, including the number of Montanans served and a breakdown of the services provided.</p> <p>Through June 30, 2009, maintain accurate, reliable laboratory testing services (including human clinical and drinking water) that are accessible to 95% of local health jurisdictions and public clinics. Provide access to laboratory testing services to local health jurisdictions (county and tribal units) for the purpose of communicable disease surveillance and drinking water assessment.</p>
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Initiatives for the 2009 Biennium

Program	Initiative	Outcome Measure(s)
Chronic Disease Prevention & Health Promotion Bureau	Chronic Disease Programs	Included in the goals of the program above
Family and Community Health Bureau	Newborn Screening Follow-Up Program	Included in goals and measures of the program listed above.
Office of Public Health Emergency Preparedness and Training	Public Health Emergency Preparedness	Included in goals and measures of the program listed above.

Quality Assurance Division

Program	Goal	Outcome Measure(s)
Third Party Liability	Take all reasonable measures under the Social Security Act to ascertain the legal liability of "third parties" for health care items and services provided to Medicaid recipients.	Evaluate and improve the systems for the identification of Medicaid recipients with Medicare and/or other health insurance. Maintain the number of people with Medicaid and Medicare (Dual Eligible's), subject to change in Medicaid enrollment. Increase the number of Medicaid recipients with other health insurance 1% per year. Ensure Medicaid health care costs are avoided by requiring other health insurance companies to pay before Medicaid. Increase the Medicaid cost avoidance per person with Medicare and/or other insurance by 5% per year.
Office of Fair Hearings	Provide timely and impartial hearings and decisions for adversely affected parties disputing facts and/or law involving DPHHS administered programs.	Maintain fair and impartial Office of Fair Hearings decisions within state and federal guidelines as measured by appeals received. Maintain a 90% timely decision percentage for all IDR recommendations within statutory timelines for the calendar year.
	Provide timely and impartial Informal Dispute Resolutions (IDR) conferences and recommendation for nursing home facilities disputing DPHHS-cited deficiencies.	Maintain fair and impartial Office of Fair Hearings IDR decisions within state guidelines. Maintain a 90% timely decision percentage for all IDR recommendations within statutory timelines for the calendar year each fiscal year.

Initiatives for the 2009 Biennium

Program	Initiative	Outcome Measure(s)
Program Compliance Bureau	Implement the Payment Error Rate Measurement (PERM) process as required by CMS.	Complete the required number of reviews pursuant to the federal guidelines. Monthly review of 84 active cases and 34 negative cases for Medicaid and CHIP. Complete the cases in 100 days from the date sampled and report the results to CMS

Health Resources

Program	Goal	Outcome Measure(s)
Medicaid State Plan Services	Increase the percentage of children receiving well-child screens for within the Medicaid state plan services.	Raise the percentage of children (age 0-20) who receive a well-child screenings. to 94% in FY 08 and 95% in FY 09. The baseline measurement is 89% in FY 04; 93% in FY 05; and 92% in FY 06. FY 07 is not yet complete. (Claims run out is 365 days.)
Children's Health Insurance Program (CHIP)	Increase the number of low-to-moderate income Montana children who have insurance.	<p>A target of 16,000 children will be enrolled in CHIP, with enrollment numbers increasing on a monthly basis by June 2008. 16,000 children will continue to be enrolled on a monthly basis by CHIP in FY 09.</p> <p>Baseline: 13,289 children were enrolled in the CHIP program in June 2007; 13,165 children were enrolled in June 2006.</p>

Initiatives for the 2009 Biennium

Program	Initiative	Outcome Measure(s)
Medicaid State Plan Services	Increase dental access in the to Medicaid state plan dental services to in private dental offices and community health centers	<ol style="list-style-type: none"> 1. Increase dental access by 4.7% as measured by the number of unique client visits to a dental provider. Target goal is 22,813 people by June 30, 2009. (FY 2006 is 21,893 and FY 2007 is not complete.) of Medicaid recipients 2. Increase the number of clients who receive dental services in a community health centers. by 5% in FY 08 and an additional 5% in FY 09, from a baseline of 3,900 in FY 06. FY 07 data, which is not the baseline, is 3,686. (FY 2007 claims costs are not yet complete.)

Senior and Long Term Care

Program	Goal	Outcome Measure(s)
Medicaid Community Based Services and Aging Services	Support Montanans in their desire to stay in their own homes or live in smaller community based residential settings for as long as possible.	<p>Maintain or reduce the percentage of nursing facility residents under age 65.</p> <p>Increase the percentage of Montanans age 65 or older who live at home or in small residential alternatives</p> <p>Increase the total amount of the SLTCD budget that goes to community services.</p> <p>Increase the number of people served under the Medicaid Home and Community Based Waiver over the biennium.</p> <p>Maintain or reduce the average length of stay on the HCBS waiver waiting list to less than one year.</p>
Aging Services	Increase the ability of Montanans to prepare to meet their own long term care needs or the long term care needs of a relative or a friend.	<p>Maintain or increase the number of home delivered meals served through the Aging network.</p> <p>Increase the number of care givers receiving supportive services (including respite care) and increase the project income for these services.</p> <p>Develop a coordinated continuing public education campaign to inform Montanans about long term care issues and options emphasizing the need for long term care planning and personal responsibility.</p> <p>There are some other measures that apply as well that SLTC doesn't really control but would measure the level of personal responsibility and planning that folks are doing to meet their future needs that SLTC would use as other measures as to whether this goal is being attained. (ie long term care insurance claimed on state tax forms).</p> <p>Increase the number of people with long term care insurance.</p>

Addictive and Mental Disorders

Program	Goal	Outcome Measure(s)
Community Mental Health Services	Provide community crisis intervention and integration into community services as an alternative to inpatient or state hospital treatment by:	<p>1) Development of 72-hour presumptive eligibility and payment for crisis stabilization services in community hospitals and community settings.</p> <p>2) Establishment of baseline data in the following areas for second half of FY 08:</p> <ul style="list-style-type: none"> a. Number of individuals receiving crisis stabilization services with presumptive eligibility b. Average cost of presumptive eligibility episode c. Number of individuals who require additional crisis stabilization services within 30, 90, 180 days
Community Mental Health Services	Improve use of data in delivery and management of mental health services.	<p>Fully implement Recovery Marker system of measurement to report client outcome measures for employment, housing, symptom interference, and substance use.</p> <p>By 2008, all mental health centers will be able to submit Recovery Marker data</p> <p>Establish baseline for adults receiving case management for FY 08</p> <p>Establish consistent reporting of screening for co-occurring disorders by FY 09</p>
Mental Health Services Plan	Establish consumer choice by increasing the availability of services for individuals enrolled in the Mental Health Services Plan.	<p>Increase the number of providers with prescriptive authority who accept MHSP clients</p> <p>Increase the number of other outpatient providers, including mental health centers, who accept MHSP clients</p> <p>Establish baseline data for MHSP clients who receive services from expanded provider network</p>
Montana State Hospital	<p>Achieve a 10% reduction in the number of persons readmitted to Montana State Hospital within six months of a previous discharge</p> <p>Evaluate impact of new community services on utilization of MSH</p>	<p>Baseline: in FY 07 134 of 682 admissions had been discharged within the previous six months.</p> <p>Baseline: in FY 07 there were a total of 682 admissions to MSH; 427 were emergency or court ordered detentions.</p>

	<p>Maintain a rate of restraint intervention use at or less than the national average for state psychiatric hospitals.</p> <p>Maintain a rate of seclusion intervention use at or less than the national average for state psychiatric hospitals.</p> <p>Maintain a skilled workforce at MSH.</p>	<p>Baseline: MSH rate in FY 07 - .21 hours per 1000 patient hours; National average is .68 hours per 1000 patient hours.</p> <p>MSH rate in FY 07 - .26 hours per 1000 inpatient hours; National average is .39 per 1000 patient hours.</p> <p>95% of the MSH workforce will receive 12 hours or more of continuing education annually.</p> <p>90% of the scheduled shifts for Registered Nurses will be filled.</p>
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Initiatives for the 2009 Biennium

Program	Initiative	Outcome Measure(s)
Community Mental Health Services	AMDD Home and Community Based Waiver	Fill 125 slots for Home and Community Based Services Waiver in three geographic areas of state.
Chemical Dependency Services	Improve treatment outcomes through expanded community treatment for chemical dependency and meth use.	<p>By 2008, expand community based residential services by 7 homes which provide best practice substance abuse treatment.</p> <p>By 2008, develop, implement and monitor measurable performance standards that include development of baseline data in these areas:</p> <p>Increase in the length of time of non-use. Decrease in the incidence of involvement with the criminal justice system.</p> <p>Decrease in the admissions to inpatient treatment.</p> <p>Increase in the length of gainful employment.</p>